



KANSAS CITY, MISSOURI HEALTH DEPARTMENT  
Division of Communicable Disease Prevention & Public Health Preparedness  
2400 Troost Ave, Suite 2600, Kansas City, MO 64108  
Telephone: (816) 513-6152 | FAX: (816) 513-6289

<b>HEAT-RELATED ILLNESS WORKSHEET</b>		REPORTER:	
Patient Name	DOB	Race	Sex
Residence Street Address	Date of Illness		Week
Residence City, State ZIP	Location where illness developed, (home, work – include address)		
County	City	State	Zip
Physician	Diagnosis		
Physician's Address	Physician's Phone Number		
Hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Date Hospitalized	Died? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Death
Hospital Name	Hospital Location		
Pre-existing Aggravating Medical Factors			
Contributing Activity (Working, Physical Exertion, Substance Use/Abuse, Recreational Activity, Other - explain)		Air Conditioning Available? <input type="checkbox"/> Y <input type="checkbox"/> N	Air Conditioning In Use? <input type="checkbox"/> Y <input type="checkbox"/> N
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Please fax completed forms to the Kansas City, Mo Health Department at 816-513-6289. Remember, any suspect heat-related deaths must be reported to Medical Examiner.